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State of Kansas . . . John Carlin, Governor

# DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field  
Topeka, Kansas 66620-0110  
913-862-9360



November 5, 1986

Steve Turner  
Dayco Fort Scott  
P.O. Box 629  
Fort Scott, Kansas 66701

Dear Mr. Turner:

This is to acknowledge that you filed a Notification of Hazardous Waste Activity Form on October 13, 1986 for the facility located at the address shown below to comply with both state and federal regulations. The EPA Identification Number, type of hazardous waste activity and a description of hazardous waste are listed below. This number must be included on all shipping manifests for transporting hazardous waste; on all annual reports that generators of hazardous waste and owners of hazardous waste treatment, storage and disposal facilities must file with the state; on all applications for hazardous waste permits; and other correspondence related to your hazardous waste management activities.

EPA Identification Number: KSD147300404

Installation Address: Fort Scott Industrial Park  
Fort Scott, Kansas 66701

Type of Hazardous Waste Activity: Generation

Description of Hazardous Waste: D001, F002, F004

Since the State of Kansas received authorization from EPA to conduct the state's generator and transporter hazardous waste program in lieu of the respective federal program, we are to be notified of any additions to and/or modifications of the information provided on your notification. All questions or assistance pertaining to the handling of hazardous waste should also be directed to this office.

Sincerely yours,

John W. Mitchell  
Hazardous Waste Section  
Bureau of Waste Management



JWM:ah/23G  
C Jane Ratcliff  
District Office - Chanute



**Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**

### Comments

[illegible]

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**Street or P.O. Box**

[illegible]

STREET ADDRESS OR LOCATION FROM KNOWN REFERENCE POINT

CITY OF FORT SCOTT INDUSTRIAL PARK														
City or Town														
State														
ZIP Code														
CITY OF FORT SCOTT INDUSTRIAL PARK														
City or Town														
State														
ZIP Code														

Name and Title (last, first, and job title)

2	J	E	R	N	I	G	A	N	S	C	O	T	T	E	N	G	B	3	1	6	2	2	3	0	0	8	0
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**A. Name of Installation's Legal Owner**[illegible]

### A. Hazardous Waste Activity

<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	NOTE: If generator, you must complete section I.E. on back side of form.  5784	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner  <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification
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### ☐ A Utility Boiler

VIII. Mode of Transportation (transporters only — enter "X" in the appropriate box(es))

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification      ☐ B. Subsequent Notification (complete item C)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

D. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes - your installation handles. (See 40 CFR Parts 261.21 - 261.24)

即：...

**D017**  
**Specify**  
**Below:**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

10/8/86